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|  | **TRAINEE FEEDBACK QUESTIONAIRE**  **AIRCRAFT** | |
| **TRAINING: MPL / SEP part ATP** ( tick appropriate box) | | |
| **Instructor Name:** | | **Trainee Name:**  Voluntary Field |
| **Training/Evaluation Session:** | | **Date:** |
| **Question** | | **Grade Awarded / Comments** |
| 1. The training plan was well organized and easy to follow. | | 1. Excellent Satisfactory Unsatisfactory   *Comments:* |
| 1. The instructors were knowledgeable, well prepared and they met the training objectives. | | 1. Excellent Satisfactory Unsatisfactory   *Comments:* |
| 1. The studying materials were pertinent and useful. | | 1. Excellent Satisfactory Unsatisfactory   *Comments:* |
| 1. Training session schedule was kept. | | 1. Excellent Satisfactory Unsatisfactory   *Comments:* |
| 1. Adequate time was provided for briefing and debriefing. | | 1. Excellent Satisfactory Unsatisfactory   *Comments:* |
| 1. Aircraft operated properly. | | 1. Excellent Satisfactory Unsatisfactory   *Comments:* |
| 1. I was satisfied with the professionalism of CATC personnel. | | 1. Excellent Satisfactory Unsatisfactory   *Comments:* |
| Overall assessment of quality of Instruction/Evaluation and Equipment:  Excellent Satisfactory Unsatisfactory *(If Unsatisfactory please explain on reverse of form)* | | |
| (For internal use only) Ev. N°:  Reviewed by Safety Manager: Name: Signature: Date: | | |
|  | TRAINEE FEEDBACK QUESTIONAIRE | |
| Additional Comments and Recommendations:  Event Number:  Name (voluntary): Signature: Date: | | |